

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10663226**

FILING DATE **10-6-03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23	1					
24		1				
25		1				
26		1				
27		1				
28		2				
29		2				
30	1					
31		1				
32		1				
33		1				
34		3				
35		1				
36		1				
37		1				
38	1					
39	1					
40		1				
41	1					
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	40					
TOTAL CLAIMS	47					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						